

COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION AND REGULATION CABINET
BOARD OF CLAIMS
CLAIM NO. _____

SUBPOENA

IN THE MATTER OF: _____

TO: _____

PURSUANT TO KRS 44.070, et seq., YOU ARE COMMANDED TO APPEAR BEFORE THE BOARD OF CLAIMS on the _____ day of _____, 200__, at _____ AM/PM, PREVAILING LOCAL TIME, LOCATED AT: _____.

- ☐ TO TESTIFY IN THE ABOVE-STYLED MATTER.
- ☐ TO PRODUCE THE DOCUMENTS DESCRIBED ON THE REVERSE SIDE.

ISSUED BY:



James F. Sullivan, Chair

TO BE COMPLETED WHEN WITNESS ACKNOWLEDGES SERVICE

I hereby acknowledge receipt of a true copy of this subpoena.

SIGNED: _____

DATE: _____

TO BE COMPLETED WHEN SUBPOENA IS SERVED BY AN OFFICER OF THE COURT

This subpoena was served by delivery of a true copy to _____ on this _____ day of _____ 20__.

SIGNED: _____

TITLE: _____

Upon successful service of this subpoena, please return to:

Board of Claims
130 Brighton Park Blvd.
Frankfort, KY 40601
502-573-7986